By the Committee on Children, Families, and Elder Affairs; and Senators Detert and Sachs

586-02204-15 2015940c1 1 A bill to be entitled 2 An act relating to continuum of care for children; 3 amending s. 39.523, F.S.; removing a requirement that 4 the Department of Children and Families submit a 5 report annually to the Legislature on the placement of 6 children in licensed residential group care; removing 7 a provision requiring the department to provide a 8 detailed account of certain expenditures; removing 9 provisions regarding implementation and specified 10 annual funding; creating s. 409.144, F.S.; providing 11 legislative findings and intent; requiring the 12 department to collect and compile specified data and 13 information; creating the Continuum of Care Advisory Council within the department for specified purposes; 14 15 providing duties of the council; requiring the members of the advisory council to be appointed in specified 16 17 manners; authorizing the advisory council to work with 18 certain individuals and providing limitations on the 19 involvement of those individuals; providing per diem 20 and travel expenses for certain members; requiring the 21 advisory council to submit specified information to 22 the Governor and the Legislature by a certain date; 23 requiring the department to provide administrative 24 support to the advisory council; requiring that the 25 advisory council have access to specified information; prohibiting certain data from including information 2.6 27 that would identify specific individuals; providing an 28 effective date. 29

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30	Be It Enacted by the Legislature of the State of Florida:
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32	Section 1. Section 39.523, Florida Statutes, is amended to
33	read:
34	39.523 Placement in residential group care
35	(1) Except as provided in s. 39.407, any dependent child 11
36	years of age or older who has been in licensed family foster
37	care for 6 months or longer and who is then moved more than once
38	and who is a child with extraordinary needs as defined in s.
39	409.1676 must be assessed for placement in licensed residential
40	group care. The assessment procedures shall be conducted by the
41	department or its agent and shall incorporate and address
42	current and historical information from any psychological
43	testing or evaluation that has occurred; current and historical
44	information from the guardian ad litem, if one has been
45	assigned; current and historical information from any current
46	therapist, teacher, or other professional who has knowledge of
47	the child and has worked with the child; information regarding
48	the placement of any siblings of the child and the impact of the
49	child's placement in residential group care on the child's
50	siblings; the circumstances necessitating the moves of the child
51	while in family foster care and the recommendations of the
52	former foster families, if available; the status of the child's
53	case plan and a determination as to the impact of placing the
54	child in residential group care on the goals of the case plan;
55	the age, maturity, and desires of the child concerning
56	placement; the availability of any less restrictive, more
57	family-like setting for the child in which the foster parents
58	have the necessary training and skills for providing a suitable

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586-02204-15 2015940c1 59 placement for the child; and any other information concerning 60 the availability of suitable residential group care. If such 61 placement is determined to be appropriate as a result of this 62 procedure, the child must be placed in residential group care, 63 if available. (2) The results of the assessment described in subsection 64 65 (1) and the actions taken as a result of the assessment must be 66 included in the next judicial review of the child. At each subsequent judicial review, the court must be advised in writing 67 of the status of the child's placement, with special reference 68 regarding the stability of the placement and the permanency 69 70 planning for the child. 71 (3) Any residential group care facility that receives 72 children under the provisions of this subsection shall establish

73 special permanency teams dedicated to overcoming the special 74 permanency challenges presented by this population of children. 75 Each facility shall report to the department its success in 76 achieving permanency for children placed by the department in 77 its care at intervals that allow the current information to be 78 provided to the court at each judicial review for the child.

(4) This section does not prohibit the department from assessing and placing children who do not meet the criteria in subsection (1) in residential group care if such placement is the most appropriate placement for such children.

83 (5) (a) By December 1 of each year, the department shall 84 report to the Legislature on the placement of children in 85 licensed residential group care during the year, including the 86 criteria used to determine the placement of children, the number 87 of children who were evaluated for placement, the number of

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88	children who were placed based upon the evaluation, and the
89	number of children who were not placed. The department shall
90	maintain data specifying the number of children who were
91	referred to licensed residential child care for whom placement
92	was unavailable and the counties in which such placement was
93	unavailable. The department shall include this data in its
94	report to the Legislature due on December 1, so that the
95	Legislature may consider this information in developing the
96	General Appropriations Act.
97	(b) As part of the report required in paragraph (a), the
98	department shall also provide a detailed account of the
99	expenditures incurred for "Special Categories: Grants and Aids-
100	Specialized Residential Group Care Services" for the fiscal year
101	immediately preceding the date of the report. This section of
102	the report must include whatever supporting data is necessary to
103	demonstrate full compliance with paragraph (6)(c). The document
104	must present the information by district and must specify, at a
105	minimum, the number of additional beds, the average rate per
106	bed, the number of additional persons served, and a description
107	of the enhanced and expanded services provided.
108	(6)(a) The provisions of this section shall be implemented
109	to the extent of available appropriations contained in the
110	annual General Appropriations Act for such purpose.
111	(b) Each year, funds included in the General Appropriations
112	Act for Enhanced Residential Group Care as provided for in s.
113	409.1676 shall be appropriated in a separately identified
114	special category that is designated in the act as "Special
115	Categories: Grants and Aids-Specialized Residential Group Care
116	Services."

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586-02204-15 2015940c1 117 (c) Each fiscal year, all funding increases for Enhanced 118 Residential Group Care as provided in s. 409.1676 which are 119 included in the General Appropriations Act shall be appropriated in a lump-sum category as defined in s. 216.011(1)(aa). In 120 121 accordance with s. 216.181(6)(a), the Executive Office of the 122 Governor shall require the department to submit a spending plan 123 that identifies the residential group care bed capacity shortage 124 throughout the state and proposes a distribution formula by 125 district which addresses the reported deficiencies. The spending 126 plan must have as its first priority the reduction or 127 elimination of any bed shortage identified and must also provide 128 for program enhancements to ensure that residential group care 129 programs meet a minimum level of expected performance and 130 provide for expansion of the comprehensive residential group care services described in s. 409.1676. Annual appropriation 131 132 increases appropriated in the lump-sum appropriation must be 133 used in accordance with the provisions of the spending plan. 134 (d) Funds from "Special Categories: Grants and Aids-135 Specialized Residential Group Care Services" may be used as one-136 time startup funding for residential group care purposes that 137 include, but are not limited to, remodeling or renovation of 138 existing facilities, construction costs, leasing costs, purchase 139 of equipment and furniture, site development, and other 140 necessary and reasonable costs associated with the startup of 141 facilities or programs upon the recommendation of the lead 142 community-based provider if one exists and upon specific 143 approval of the terms and conditions by the secretary of the 144 department. Section 2. Section 409.144, Florida Statutes, is created to 145

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586-02204-15 2015940c1 146 read: 147 409.144 Continuum of care; residential group home care.-148 (1) LEGISLATIVE FINDINGS AND INTENT.-(a) The Legislature finds that children in out-of-home care 149 150 should live in their communities in home-based family care 151 settings and that the need to recruit, train, and support an 152 adequate number of families to provide home-based family care is 153 an essential part of any initiative to reform out-of-home care 154 for children. 155 (b) The Legislature also finds that children who initially 156 cannot be safely placed in home-based family care may be still 157 placed into residential group home care, but for only the 158 minimum time required for stabilization and with specific short 159 time-limited plans for their care. When needed, residential 160 group home care should be considered a short-term, specialized, and intensive intervention that is just one part of a continuum 161 162 of care available for children. 163 (c) The Legislature further finds that, once stabilized, 164 most children should transition from residential group home care 165 into home-based family care with their services following them. 166 (d) Therefore, it is the intent of the Legislature to 167 support an effort to reform the current system of using 168 residential group home care that reflects current research 169 findings and the appropriate place of residential group home care in the child welfare system continuum of care. It is 170 171 further the intent of the Legislature that the reform effort 172 provides for improved assessments of children and families to 173 make more informed and appropriate initial placement decisions, 174 an emphasis on home-based family care placements for children,

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175	appropriate support for those placements with available
176	services, a change in goals for residential group home care
177	placements, and increased transparency and accountability for
178	child outcomes.
179	(2) DUTIES OF THE DEPARTMENTThe department shall collect
180	and compile data and information necessary to inform the
181	development of a work plan to be used by the Continuum of Care
182	Advisory Council created in subsection (3) to address the
183	placement and services needs of children who are cared for in
184	out-of-home care. At a minimum, the collected and compiled data
185	and information must include current data and information
186	related to all of the following:
187	(a) Methods of assessing children coming into care for
188	their initial placement.
189	(b) Definitions and characteristics of types of placements
190	in use.
191	(c) Service needs of children in out-of-home care.
192	(d) Program design and quality standards.
193	(e) Licensing categories and accreditation requirements for
194	types of out-of-home placements.
195	(f) Rates and procedures used for payment rate setting.
196	(g) Outcomes, outcome indicators and performance measures.
197	(h) Impact of existing performance measures.
198	(i) Mechanisms that ensure continuous quality improvement
199	and transition strategies from group care to other levels of
200	care.
201	(3) CONTINUUM OF CARE ADVISORY COUNCILThe Continuum of
202	Care Advisory Council is created within the department for the
203	purpose of recommending a plan to address the placement and

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204	service needs of children who are cared for outside their own
205	homes by creating a continuum of care which consists of
206	recruiting, training, and supporting an adequate supply of home-
207	based family care; providing needed services and supports in
208	those family care settings; and limiting congregate care to only
209	those situations in which adequate services cannot be safely
210	provided while a child lives with a family, and for only the
211	minimum amount of time required for stabilization. The work of
212	the advisory council shall be conducted in collaboration with
213	the primary stakeholders and shall be based on empirical
214	research and best practices data. The process must include
215	gathering research data, holding public meetings, and entering
216	into partnerships with academia and other stakeholders to
217	complete the task. The advisory council shall function as
218	specified in this subsection until the Legislature determines
219	that the advisory council can no longer provide a valuable
220	contribution to the department's efforts to create a continuum
221	<u>of care.</u>
222	(a) The 25 members of the advisory council must be
223	appointed in the following manner:
224	1. Three members from the headquarters and regional offices
225	of the department, to be appointed by the secretary.
226	2. One member with recognized expertise in developmental
227	psychology, to be appointed by the secretary.
228	3. One member with expertise in children's mental health,
229	to be appointed by the secretary.
230	4. One member with expertise in children's health issues,
231	to be appointed by the secretary.
232	5. One member who is an economist with expertise in

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586-02204-15 2015940c1 233 behavioral economics, to be appointed by the secretary. 234 6. Two members from the community-based care lead agencies, 235 one from the lead agency with the lowest rate and one from the 236 lead agency with the highest rate of residential group home 237 placement, to be appointed by the secretary. 238 7. One member with experience working with children with 239 special needs in residential group home settings, to be 240 appointed by the secretary. 241 8. Two members who are foster parents, to be appointed by 242 the executive director of the Florida State Foster/Adoptive 243 Parent Association. 244 9. Two members who are kinship caregivers, to be appointed 245 by the secretary. 246 10. One member from the Quality Parenting Initiative, to be 247 appointed by the secretary. 248 11. Three members who are residential group home providers, 249 representing different models of residential group home care and 250 who are involved in daily operation of the facilities, to be 251 appointed by the secretary. 252 12. Two members from Florida Youth SHINE, to be appointed 253 by the secretary. 254 13. One member from Florida's Children First, to be 255 appointed by the secretary. 256 14. One member from the Agency for Persons with 257 Disabilities, to be appointed by the director of the agency. 258 15. One member from the Department of Juvenile Justice, to 259 be appointed by the Secretary of Juvenile Justice. 260 16. One member from the Department of Education, to be 261 appointed by the Commissioner of Education.

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586-02204-15 2015940c1 262 17. One member from the Florida Institute for Child 263 Welfare, to be appointed by the secretary. 264 (b) The advisory council is encouraged to work with any 265 additional individuals who are knowledgeable in the subject 266 areas; however, those additional individuals may not become 267 members of the council and may not vote on the final report and 268 recommendations of the council, but may submit reports and 269 recommendations for review by the council and may be invited to 270 speak to the council by a member of the council. 271 (c) Nongovernmental members of the advisory council shall 272 serve without compensation but are entitled to receive per diem 273 and travel expenses in accordance with s. 112.061 while in 274 performance of their duties. 275 (d) The advisory council shall propose a timeline and work 276 plan for reform and an estimate of associated costs and shall 277 submit the proposal and estimate of costs to the Governor, the 278 President of the Senate, and the Speaker of the House of Representatives by December 31, 2016. At a minimum, the proposal 279 280 must consider the following: 281 1. The impact of group care on children based on their age 282 and history based on an impartial compilation of research 283 related to residential group care. 284 2. Criteria for admission to residential group care and the 285 types of assessments that should be performed to determine 286 whether the admission criteria are being met and who should 287 perform the assessments. 288 3. Policies and procedures needed to ensure that placement 289 in a residential group care is appropriate for each specific 290 child and lasts only as long as necessary to resolve the issue

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291	that required the placement.
292	4. Services that are currently available for children in
293	group placements and the types of services that could be
294	provided to eliminate the need for group care.
295	5. The need to develop a classification system for group
296	care.
297	6. Requirements needed in plans for children in group care
298	to transition to family placement.
299	7. The role of state licensing in determining the quality
300	of care and the need for a new licensing category or categories
301	to better meet the needs of the children in out-of-home care.
302	8. The value of requiring group home accreditation by a
303	national accrediting body.
304	9. The need to plan for any change in federal funding for
305	long-term residential group care.
306	10. Current practices related to the use of residential
307	group home care in order to develop a framework that can be used
308	to transition residential group homes into short-term,
309	specialized, and intensive treatment providers used for the
310	minority of children who cannot safely be served in home-based
311	family care settings.
312	11. Age limitations that should be placed on group care
313	based on developmental research.
314	12. Comparison of cost of group care placement and family
315	based care, and what economic and other incentives exist for
316	placement of children in group care.
317	13. Alternate funding mechanisms for children placed in
318	residential group home care.
319	14. Adjustments to funding to encourage placement in home-

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